

EXHIBIT E

Fill in this information to identify the case (Select only one Debtor per claim form):

Debtor: CSC Distribution LLC

Case Number: 24-11974

Modified Official Form 410

Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense (other than a claim entitled to priority under 11 U.S.C. § 503(b)(9)). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>HomeView Design., Inc.</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Address1: <u>1775 Curtiss Court</u> Address2: _____ Address3: _____ Address4: _____ City: <u>La Verne</u> State: <u>CA</u> Postal Code: <u>91750</u> Country: _____ Contact phone: <u>9095932800</u> Contact email: <u>edmund@homeviewdesign.com</u>	Where should payments to the creditor be sent? (if different) Address1: <u>PO BOX 790</u> Address2: _____ Address3: _____ Address4: _____ City: <u>La Verna</u> State: <u>CA</u> Postal Code: <u>91750</u> Country: _____ Contact phone: <u>909932800</u> Contact email: <u>email@homeviewdesign.com</u>
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>6197465</u>	Filed on <u>09/16/2024</u> MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?

☐
☒

No

Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5 2 3 2

7. How much is the claim?

\$ 3,778.00

Does this amount include interest or other charges?

☒
☐

No

Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

Goods invoice cost

9. Is all or part of the claim secured?

☐
☒

No

Yes. The claim is secured by a lien on property.

Nature of property:☐Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.☐

Motor vehicle

☒

Other. Describe:

Under bankrupt court law 503b9**Basis for perfection:**

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property:

\$ _____

Amount of the claim that is secured:

\$ _____

Amount of the claim that is unsecured: \$ _____

(The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition:

\$ _____

Annual Interest Rate (when case was filed) 12% %☐

Fixed

☒

Variable

10. Is this claim based on a lease?

☒
☐

No

Yes. Amount necessary to cure any default as of the date of the petition.

\$ _____

11. Is this claim subject to a right of setoff?

☒
☐

No

Yes. Identify the property:

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☐ No

☒ Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☒ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ 3,778.00

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☐ No

☒ Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ Bill of lading

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒
☐
☐
☐

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Edmund Tong 12/14/2024

Electronic Signature

Date

Name of the person who is completing and signing this claim

Edmund Tong

Name

First name

Middle name

Last name

Title/Company

Manager Director

Identify the corporate servicer as the company if the authorized agent is a servicer.

PO BOX 790

Address

Number Street

La Verne

CA

91750

City

State

ZIP Code

Country

Contact phone

9095932800

Email

edmund@homeviewdesign.com

Additional Noticing Addresses (if provided):

Additional Address 1

Name:

Address1:

Address2:

Address3:

Address4:

City:

State:

Postal Code:

Country:

Contact Phone:

Contact Email:

Additional Address 2

Name:

Address1:

Address2:

Address3:

Address4:

City:

State:

Postal Code:

Country:

Contact Phone:

Contact Email:

Additional Supporting Documentation Provided



Yes



No

Attachment Filename:

SCAN0058.PDF

Invoice

Page:

HomeView Design, Inc.
 PO BOX 790 LA VERNE CA 91750
 1775 CURTISS COURT
 LA VERNE
 CA 91750
 (909) 593-2800

Invoice Number: 0048333-IN
 Invoice Date: 8/28/2024
 Order Number: 0020941
 Order Date: 7/30/2024
 Salesperson: HOU
 Customer Number: 10B6545

Sold To:
 CSC DISTRIBUTION, LLC
 4900 E. DUBLIN GRANVILLE RD,
 COLUMBUS, OH 43081-7651

Ship To:
 MONTGOMERY DC-#0870
 CSC DISTRIBUTION, LLC
 2855 SELMA HWY
 MONTGOMERY, AL 36108-5035

Confirm To: MERRIMAN, SAVANNAH

Customer P.O. 95540497
 Ship VIA
 WILL CALL


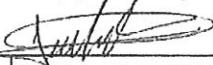

F.O.B.
 LA VERNE CA

Terms
 2% NET 30 DAYS

Item Code	Description	Unit	Ordered Qty	Shipped Qty	Back Ordered Qty	Unit Price	USD\$	Total Amount	USD\$
22161	CONSOLE TABLE SET/2, WOODEN BC	SET	59	59	0	38.00		2,242.00	
22230	STAND TABLE SET/2, PATCH WOOD	SET	64	64	0	24.00		1,536.00	
TOTALLY 91 CASES ON 8 PALLETS/G.W. 2231 LBS/712 CUFT/123 UNITS									
SHIPMENT #828080									
LOAD #48688584									

Shipped by: C H ROBINSON ON 08/29/24
 THANK YOU FOR YOUR ORDER
 FINANCE CHARGE IS 1.5 % PER MONTH AFTER DUE DATE

Net Invoice: 3,778.00
 Less Discount: 0.00
 Freight: 0.00
 Sales Tax: 0.00
 Invoice Total: 3,778.00

Date: 08/26/2024 8/29/24 @ 9:00 AM		BILL OF LADING		Page 1				
SHIP FROM Name: HomeView Design., Inc. Address: 1775 Curtiss Ct City/State/Zip: La Verne CA 91750 SID# 828080 FOB <input type="checkbox"/>		Bill of Lading Number: 828080 LOAD # 486885841						
SHIP TO Name: Big Lots Montgomery DC -Location #: Address: #0870 2855 Selma Hwy City/State/Zip: Montgomery AL 36108 CID# 26896117 FOB <input type="checkbox"/>		CARRIER NAME: CH ROBINSON LTL Trailer number: Seal number(s): 074827 SCAC: RBCL Pro number: 1651192893						
THIRD PARTY FREIGHT CHARGES BILL TO Name: CH LTL Address: 14800 Charlson Road, Suite 2100 City/State/Zip: Eden Prairie, MN 55347 SPECIAL INSTRUCTIONS:		 (9012K)RBCL1651192893						
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rdParty <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)						
Customer Order Info								
CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLI	ADDITIONAL SHIPPER INFO				
0095540497	8	2,231	N					
GRAND TOTAL	8	2231						
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M.	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC	CLASS
8	Pps	8	Pps					85
8		8		2231		GRAND TOTAL		
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.						COD Amount: \$ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. ? 14706(c)(1)(A) and (B).								
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  Shipper Signature		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  8-29-24		Trailer Loaded <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.		

Electronic Proof of Claim Confirmation: 3735-1-GHBWY-030887113

Claim Electronically Submitted on (UTC) : 2024-12-14T01:45:09.009Z

Submitted by: homeview design
edmund@homeviewdesign.com